# New York

Data as of July 2003

# Mental Health and Substance Abuse Services in Medicaid and SCHIP in New York

As of June 2003, 4,146,367 people were covered under New York's Medicaid/SCHIP programs. 3,742,432 (Statewide, all enrollees, all aid/age groups) of these were financed by the traditional Medicaid program and 403,935 (Statewide CHP, ages 0 - 18) were financed by a Medicaid/SCHIP 1115 waiver program. In calendar year 2001, New York spent about $25.5 billion to provide Medicaid services.

New York obtained an 1115 waiver from the federal government to establish the Partnership Plan. This program expands Medicaid beyond traditional groups to also serve uninsured childless adults with gross incomes at or below 100% FPL and uninsured parents with gross incomes at or below 133% of the FPL. (The income limit for parents increased to 150% FPL as of October 2003.) Members of these two expansion groups do not receive the full Medicaid benefit package. They may obtain no more than a combined total of 30 inpatient days/60 outpatient visits per calendar year for mental health and substance abuse services.

In New York low-income children may be enrolled into the Medicaid program, an SCHIP Medicaid expansion program, or a Separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves children under 1 from families with incomes of 200% FPL or less; children 1-6 from families with incomes of 133% FPL or less; and children 6-18 from families with incomes of 100% FPL or less.
- The SCHIP Medicaid expansion program serves children age 6-18 from families with incomes at 133% or below who do not otherwise qualify for Medicaid.
- The Separate SCHIP Program serves all children through age 18 from families with incomes of 208% FPL or less who do not qualify for Medicaid, including the SCHIP Medicaid expansion program. (Those children enrolled into comprehensive Managed Care Organizations (MCOs) receive all covered mental health and substance abuse services from those organizations.)

New York operates a Medicaid managed care program that requires most beneficiaries who do not qualify for Medicaid because they are "Aged, Blind, or Disabled" to enroll into managed care. Those who qualify for Medicaid due to disability may choose to enroll in managed care or remain in fee-for-service. There are several managed care options in New York.

1. Beneficiaries may enroll into mainstream comprehensive MCOs that serve the general population. These beneficiaries receive all substance abuse and mental health services from their MCO, except the following specialized services are provided on fee-for-service:
   A. Intensive Psychiatric Rehabilitation Treatment
   B. Continuing Day Treatment for Adults and Day Treatment for Children,
   C. SED Clinic Services for Children,
   D. Intensive Case Management and Supportive Case Management

2. Beneficiaries who are HIV positive may also choose to enroll into a Special Needs Plans (SNPs) specially designed to serve them in preference to a mainstream MCO or remaining in fee-for-service. Beneficiaries enrolled in a SNP receive all mental health and substance abuse services from their SNP.

3. In some parts of the State, beneficiaries may enroll into a Primary Care Case Management (PCCM) program. Those that enroll into a PCCM program receive all substance abuse and mental health services through fee-for-service.

Beneficiaries who are required to enroll into managed care but (1) have been diagnosed with severe and persistent mental illness or severe emotional disturbance, and (2) have used an amount of services specified

by the State may choose to disenroll from managed care and return to fee-for-service. Those who do not choose to disenroll may choose to (1) continue to receive their mental health and substance abuse care from their managed care plan or (2) continue to receive their health and substance abuse care from the plan, but receive mental health services on fee-for-service.

As of June 2003 there were 2,950,645 Medicaid beneficiaries (recipients) in the Medicaid program. 1,603,741 of these were beneficiaries (recipients) in managed care, and the remainder received services solely through the fee-for-service program.[1]

## Medicaid

### *Who is Eligible for Medicaid?*

**Families and Children**

1. Low income families with incomes below a State-specific amount that varies by family size. For the year 2003, for example, a 2-person family must have net income of $934/month or less, a 3-person family must have a net income of $942/month, etc. For 2004, these standards will be $950 and $959, respectively.
2. Pregnant women and children under the age of one from families with incomes of 200% FPL or less.
3. Children age 1 through 5 from families with incomes of 133% FPL or less.
4. Children 6 through 18 from families with incomes of 100% FPL or less.
5. Uninsured parents of children with gross incomes of no more than 150% of the FPL. These parents may be eligible for Family Health Plus if they are financially ineligible under the standards described in number one above.
6. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

**Aged, Blind and Disabled**

1. Individuals receiving SSI or New York's supplementary SSI payment whose combined monthly SSI/SSP benefit, for the year 2003, does not exceed $639 for individuals and $933 for couples. For the year 2004, these standards will be $651 and $950, respectively.
2. Individuals who would be eligible for SSI or the state supplement if they were not in a medical institution.
3. Working people with disabilities with earned income up to 250% of the FPL and up to $10,000 in non-exempt resources. Individuals may have to pay a premium if they have income above a certain level.
4. Individuals screened by the Healthy Women Partnership, found to be in need of treatment for breast or cervical cancer or a pre-cancerous condition, not have health insurance and have incomes of no more than 200% of the FPL.

**Medically Needy**

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to offset income and/or resources above the appropriate levels described under "Families and Children", number 1.

1. Pregnant women
2. Parents.
3. Children under age 21

[1] Source: DOH/OMM Audit, Fiscal and Program Planning Data Mart for June 2003, File as of Date; 10/31/03. The Data Mart is based upon date of service, which involves claim lag, so not all claims rendered during the June 2003 period are represented. Therefore, number of enrollees refers to all individuals who were eligible to receive services and number of recipients (beneficiaries) represents the actual number of contributors to dollars who had paid claims during the time period

4. Aged, Blind, and Disabled individuals who meet the categorical requirements for SSI but who are financially ineligible for SSI.

**Waiver Populations**

New York has an 1115 waiver that allows them to cover uninsured low-income parents as previously described, in addition to:

1. Uninsured childless adults with gross incomes at or below 100% FPL.
2. Family planning services only for individuals of child-bearing age who have income below 200% FPL.

## *What Mental Health/Substance Abuse Services are Covered by Medicaid?*

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service New York Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that New York must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

## Mandatory State Plan Services

| **Inpatient Hospital Services** | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Inpatient hospital | • Includes mental health and substance abuse service provided in a general hospital<br>• Includes inpatient detoxification | • Beneficiaries must obtain approval from their health plan in order to receive more than 30 days/year of combined mental health and chemical dependence inpatient services.<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 30 days under any circumstances<br>• All admissions must be approved by the Medicaid agency or it's designated agent (usually the individual's managed care plan). |

| **Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services** | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Outpatient hospital | Services to treat mental health or chemical dependence in an outpatient hospital setting, including detoxification | • Mental health and substance abuse services provided in an outpatient hospital setting must meet the same requirements as those provided in another setting<br>• Beneficiaries may not obtain more than 20 outpatient visits per calendar year of mental health treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 20 visits under any circumstances<br>• Beneficiaries may not obtain more than 60 outpatient visits per calendar year of substance abuse treatment without the approval of their health plan or the Medicaid agency<br>• Care may only be provided under the direction of a physician.<br>• All beneficiaries may obtain one mental |

| Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| | | health/chemical dependency assessment per year without the approval of their health plan. |
| Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) | FQHCs and RHCs may provide any mental health services that may be provided by any other Medicaid certified provider s provided with some limitations. | • Mental health and substance abuse services provided in an FQHC or RHC must meet the same requirements as those provided in another setting<br>• Beneficiaries may not obtain more than 20 outpatient visits per calendar year of mental health treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 20 visits under any circumstances<br>• Beneficiaries may not obtain more than 60 outpatient visits per calendar year of substance abuse treatment without the approval of their health plan or the Medicaid agency<br>• All beneficiaries may obtain one assessment per year without the approval of their health plan.<br>• Care may only be provided under the direction of a physician. |

| Physician Services | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Physician Services | Mental health and substance abuse treatment services that are within the physician's scope of practice as defined by State law. | • Most beneficiaries may not obtain more than 20 outpatient visits per calendar year of mental health treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 20 visits under any circumstances<br>• Beneficiaries may not obtain more than 60 outpatient visits per calendar year of substance abuse treatment without the approval of their health plan or the Medicaid agency<br>• All beneficiaries may obtain one assessment per year without the approval of their health plan. |

| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21 | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Early Intervention Services | Services may include psychological services. | • Only children who have or are suspected to have a developmental delay or disability may receive services<br>• Children may only receive provided as part of an approved individualized family services plan.<br>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit). |
| Preschool Supportive Health Services | Services may include<br>• Evaluations for all available services<br>• Psychological and social work | • Services must be provided as part of an approved individualized education plan.<br>• Services provided<br>– in certain preschools |

| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21 | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| | services (psychological counseling | – to children with, or suspected of having disabilities.<br>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit). |
| School Supportive Health Services | Services may include<br>• Evaluations for all available services<br>• Psychological and social work services (psychological counseling | • Services must be provided as part of an approved individualized education plan.<br>• Services provided<br>– by or through public or certain private schools<br>– to children with, or suspected of having disabilities.<br>• The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit). |

## Optional State Plan Services

| Other Licensed Practitioners | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Clinical psychologist services | • Psychologist services are those services provided by a licensed psychologist, which are within the scope of the practices of the profession | • To obtain clinical psychology services a beneficiary must be referred by<br>– their personal physician or medical resource,<br>– the medical director in an industrial concern,<br>– an appropriate school official, or<br>– an official or voluntary health or social agency.<br>• Most beneficiaries may not obtain more than 20 outpatient visits per calendar year of combined mental health/chemical dependence treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 20 visits under any circumstances<br>– All beneficiaries may obtain one assessment per year without the approval of their health plan. |

| Clinic Services | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Mental health clinic services | Mental health and substance abuse treatment services that are within the practitioner's scope of practice as defined by State law. | • Most beneficiaries may not obtain more than 20 outpatient visits per calendar year of mental health treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 20 visits under any circumstances<br>• Beneficiaries may not obtain more than 60 outpatient visits per calendar year of substance abuse treatment without the approval of their |

| Clinic Services | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| | | health plan or the Medicaid agency<br>• All beneficiaries may obtain one assessment per year without the approval of their health plan. |

| Inpatient Psychiatric Services (for persons under the age of 21): | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Inpatient Psychiatric Services for persons under the age of 21 | Inpatient psychiatric services are services provided in an inpatient psychiatric hospital facility or residential treatment facility that is devoted to the provision of inpatient psychiatric services for persons under the age of 21. | • Services may only be provided by facilities that maintain a current license as a hospital or a residential treatment center and accreditation by the Joint Commission on Accreditation of Healthcare Organizations.<br>• To obtain inpatient psychiatric services<br>- a team of professionals that includes a licensed physician, a licensed mental health professional; and an intensive case manager must complete a "Certificate of Need" certifying that the beneficiary needs the service.<br>• The Medicaid agency's designated agent must authorize the service. |

| Rehabilitative Services | | |
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| Service | Description | Coverage Requirements |
| Community Residences | • Services are interventions, therapies, or activities that are medically necessary for the reduction of functional and behavioral deficits associated with the person's mental illness.<br>• Services may be provided in congregate housing (16 beds or less) or a beneficiary's apartment | • Adults who receive services must be determined to have a severe and persistent mental illness as defined by the state.<br>• Children who receive services must be determined to have a serious emotional disturbance, as defined by the state.<br>• Services may only be provided with a physician's written authorization and as part of an approved service plan. |
| Family-based Treatment | • Treatment services to promote children's successful functioning and integration into the natural family, community, school, or independent living.<br>• Children eligible for admission are placed in surrogate family homes for treatment. | • Children who receive services must be determined to have a serious emotional disturbance, as defined by the state. All providers must be currently licensed according to state regulations.<br>• Services may only be provided with a physician's written authorization and as part of an approved service plan. |
| Teaching Family Homes | • Treatment services to promote children's successful functioning and integration into the natural family, community, school, or independent living.<br>• Children eligible for admission are placed in small congregate-care homes (4 children or less) in a supervised living arrangement with approved teaching parents. | • Children who receive services must be determined to have a serious emotional disturbance, as defined by the state. All providers must be currently licensed according to state regulations.<br>• Services may only be provided with a physician's written authorization and as part of an approved service plan. |

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| **Rehabilitative Services** | | |
|---|---|---|
| Service | Description | Coverage Requirements |
| Outpatient mental health treatment services | Services to treat mental health conditions | • Most beneficiaries may not obtain more than 20 outpatient visits per calendar year of mental health treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 20 visits under any circumstances<br>• All beneficiaries may obtain one assessment per year without the approval of their health plan. |
| Outpatient chemical dependence treatment Services | Services to treat chemical dependence, including:<br>• Chemical Dependence Assessment<br>• Treatment<br>• Specific opiod treatments, such as methadone and/or LAAM | • Most beneficiaries may not obtain more than 60 outpatient visits per calendar year of substance abuse treatment without the approval of their health plan or the Medicaid agency<br>– Except, parents and childless adults eligible for Medicaid under the 1115 waiver may not receive any services beyond the 60 visits under any circumstances<br>• All beneficiaries may obtain one assessment per year without the approval of their health plan. |

| **Targeted Case Management** | | |
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| Service | Description | Coverage Requirements |
| Targeted Case Management (TCM) | • Services that assist beneficiaries to access necessary services need to reach goals contained in a written case management plan<br>• Services may include:<br>– Intake and screening.<br>– Assessment and reassessment<br>– Case management plan and coordination.<br>– Implementation of the case management plan.<br>– Crisis intervention.<br>– Monitoring and follow-up<br>– Counseling and exit planning. | • To obtain services beneficiaries must:<br>– A client of the State Office of Mental Health's Intensive Case Management program or Supportive Case Management program; and are<br>▪ Diagnosed as seriously and persistently mentally ill<br>▪ require intensive, personal and proactive intervention to help obtain services, and<br>▪ have symptomology that is difficult to treat in the existing mental health care system or are unwilling or unable to adapt to the existing mental health care system.<br>– A resident of a designated underserved and economically distressed area who<br>▪ is experiencing chronic or significant individual or family dysfunction<br>▪ Has been assessed to have one of the following conditions (among others), and among other conditions physical and/or mental abuse or neglect, alcohol and/or substance abuse<br>– Child under age 2 who has or is suspected to have a developmental delay or a diagnosed mental or physical condition that is likely to result in delay<br>– Child age 3 through 21 who is receiving free care under the Individuals with Disabilities Education Act (IDEA). |

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| Home and Community-Based Waiver Services | | |
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| Service | Description | Coverage Requirements |
| Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance | • Provides supports and services that enable individuals who would otherwise require an institutional level of care to live at home or in the community<br>• Services include individualized care coordination, family support, crisis response, skill building, intensive in-home and respite care | • To qualify for services a child must :<br>– Be between the ages of 5 and 17<br>– have complex health and mental health needs. |

## SCHIP Medicaid Expansion Program

### *Who is Eligible for the SCHIP Medicaid Expansion Program?*

The SCHIP Medicaid expansion program serves children age 6-18 from families with incomes between 100 %and 133% FPL who do not otherwise qualify for Medicaid.

### *What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?*

Mental health and substance abuse service coverage is identical to coverage in the Medicaid program, which was described in the previous section.

## Separate SCHIP Program

### *Who is Eligible for the Separate SCHIP Program?*

The Separate SCHIP program serves:

1. Uninsured infants from families with incomes from 200% to 208% FPL.
2. Uninsured children from families with incomes from 133% to 208% FPL.

Families with incomes above 160% FPL must pay a monthly premium for their children's participation in the program.

1. Families with income between 160 percent and 222 percent of the FPL pay premiums of $9/child/month to a family maximum of $27/month.
2. Families with income between 223 and 250 percent of the FPL pay premiums of $15/child/month to a family maximum of $45/month.

### *What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?*

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Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. In New York the benefit package selected was the comprehensive benefit package offered under the State-funded CHPlus program that was in effect prior to the establishment of SCHIP, plus several added benefits, including durable medical equipment, inpatient and outpatient mental health, speech therapies, and some non-prescription medications. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

| **Inpatient** | | |
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| Service | Description | Coverage Requirements |
| Mental Health/Substance Abuse | Includes mental health and substance abuse services provided in an inpatient hospital setting, including<br>• Inpatient mental health services<br>• Inpatient detoxification<br>• Inpatient rehabilitation | • Covered when the services are medically necessary for the diagnosis and treatment of the participant's condition<br>• Participants may receive no more than a combined 30 days per calendar year for inpatient mental health services, inpatient detoxification and inpatient rehabilitation. |

| **Outpatient (Office Visits)** | | |
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| Service | Description | Coverage Requirements |
| Mental health/substance abuse visits | Outpatient visits for mental health and for the diagnosis and treatment of alcoholism and substance abuse, including:<br>• Specific opiod treatments, such as methadone and/or LAAM | • Participants may receive no more than a combined 60 outpatient visits per calendar year.<br>• Visits may be for family therapy related to the alcohol or substance abuse. |